

## PART B - FEE(S) TRANSMITTAL

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04/14/2008

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/813,117	03/21/2001	Stefan Bustrom	08385.0010-00000	8097

TITLE OF INVENTION: ONLINE GRAPHICAL MESSAGE SERVICE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE					
nonprovisional	NO	\$1440	\$300	\$0	\$1740	07/14/2008					
EXAMINER	ART UNIT	CLASS-SUBCLASS									
KIANERSKI, MITRA	2145	709-205000									
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).											
□ Change of correspondence address (or Change of Correspondence Address Form PTO/SB/122) attached.											
□ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.											
2. For printing on the patent front page, list											
(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,											
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.											

### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as act forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

ANOTO AB

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Lund, Sweden

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

Issue Fee

Publication Fee (No small entity discount permitted)

Advance Order - # of Copies **Four (4)**

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The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **02-2448** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature 

Date **July 11, 2008**

Typed or printed name **Michael K. Mutter**

Registration No. **29,680**

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